

CHILD ENROLLMENT FORM - CACFP

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION
CHILD NUTRITION AND FOOD DISTRIBUTION PROGRAMS
(Rev. 4/15) G/Tools/CACFP/Child Enrollment form-CACFP

To be completed by parent or guardian only

Center Name:

In the chart below, please indicate the normal days and hours your child(ren) is in care, and the meals received while in care

Children's Names	Date of Birth	Age	Normal hours in child care	Please check (√) meals your child normally receives while in care				
				Breakfast <input type="checkbox"/>	AM Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>	PM Snack <input type="checkbox"/>	Supper <input type="checkbox"/>
				Breakfast <input type="checkbox"/>	AM Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>	PM Snack <input type="checkbox"/>	Supper <input type="checkbox"/>
				Breakfast <input type="checkbox"/>	AM Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>	PM Snack <input type="checkbox"/>	Supper <input type="checkbox"/>
				Breakfast <input type="checkbox"/>	AM Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>	PM Snack <input type="checkbox"/>	Supper <input type="checkbox"/>

Children are usually present in the Day Care Center on a:

☐ Full-time Basis ☐ Part-time Basis

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Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800)877-8339; or (800)845-6136 (Spanish).

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Parent's Name	Parent's Signature
Address	
Telephone Number	Date